

Registration District No. **297**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**  
(b) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6414 Washington,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **X**  
In this community **3 years - 3 months,** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Grace S. Shaffer,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**  
6. (b) Name of husband or wife **H. Porter Shaffer,** 6. (c) Age of husband or wife if alive **X** years  
7. Birth date of deceased **December 28, 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65** **9** **9** hr. min.

9. Birthplace **Missouri,** (City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **William H. Staube,**  
13. Birthplace **Pennsylvania** (City, town, or county) (State or foreign country)  
14. Maiden name **Frances Brown,**  
15. Birthplace **Pennsylvania** (City, town, or county) (State or foreign country)

16. (a) Informant **V. P. Conroy,**

(b) Address **6414 Washington, Kansas City, Mo.**

17. (a) **Cremation,** (b) Date thereof **10-8-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **10/6/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**  
(c) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6414 Washington,**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6th,**  
year **1941** hour **8:20** minute **A. M.**

21. I hereby certify that I attended the deceased from **Jan - 1** to **Oct. 6**, 19**41**  
that I last saw **her** alive on **Oct 5**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **5 days**  
Due to **Hypertension**  
**Coronary Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **G & O**  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury  
23. Signature **J. P. Conroy** (M. D. or other)  
Address **1116 B. B. Bldg. K. C. Mo.** Date signed **10/6/41**

H. P. Boughnau

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1413

P. O. Address 1515 1270

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**